Fax: (732) 524-2808 21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Reg. No. 36,602

Tel phone:

SIGNATURE

NAME

DATE

(732) 524-6932

July 2. 2003

Myra H. McCormack

tina Millimas







FEE TRANSMITTAL

Com	plete if Known
Applicati n Number	
Filing Date	July 2, 2003
First Named Inventor	DARROW
Group Art Unit	
Examiner Name	
Attorney Docket Number	ORT-1644CIP

FEE CALCULATION

CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILE	NUMBER EXTRA	RATE	BASIC FEE \$750.00
TOTAL CLAIMS	20 - 20 =	0	x 18.00	\$ 0.00
INDEPENDENT CLAIMS	14 - 3 =	11	x 84.00	\$ 924.00
MULTIPLE DEPENDENT CLAIMS		N/A	\$280.00	
			TOTAL FEES	\$ 1674.00

METHOD OF PAYMENT

- Please charge Deposit Account No. 10-0750/ORT1644CIP/MHM in the amount of \$1674.00. Three copies of this sheet are enclosed.
- The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/ORT1644CIP/MHM. Three copies of this sheet are enclosed.

SUBMITTED E	BY:		Complete (if applicable)
Typed or			Complete (il applicable)
Printed Name	Myra H. McCormack		Reg. No. 36,602
Signature	Unableman	Date: July 2, 2003	Deposit Account No. 10-0750
			110.100

DOCKET NO. ORT-1644CIP

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: DARROW et al

For : HUMAN PRSS-11 LIKE S2 SERINE PROTEASE & USES

THEREOF

Express Mail Certificate

"Express Mail" mailing number: EV 139477686 US

Date of Deposit:

JULY 2, 2003

I hereby certify that this complete application, including specification pages, claims, informal drawings, Declaration and Power of Attorney, and Assignment, is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, Washington, D.C. 20231.

Kathleen Lyles

(Typed or printed name of person mailing paper or fee)

(Signature of person mailing paper or fee)